

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XL060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm		^ _	Georgetons, INC	Telephone Number	PERMIT # (mm/dd/yr)		
	<u>и О</u>	12	mber and street, city, state, zip code)	1	12/5/2	#1 m	19-55
				TIZ 596 2663	'-/ - / -		
Owner	-+ ~~ +·	7 U	Dr. Georgiam, IN 47122		7.11		
Qin	15.			Purpose:	Follow-up Release Date 7.00 AT		
Owner's A				Routine	****		
Owner s A	aux ess		· · · · · · · · · · · · · · · · · · ·	2. Follow-up	Summary of	f Violation	IS:
Person in C	hargo			3. Complaint			
B; L		,,	America Company	4. Pre-Operational	C NC R		
Responsible	Porcon's	-/ V Fmo		5. Temporary	Menu Type	Can beat	C\
Kesponsion	e i cison s	15-111 a		6. HACCP	Menu Type	(зее васк	oj page)
Certified F	ood Monor			7. Other (list)		•	4 3/ -
B.	oou manag	, , , ,	(4/2/24)		12_	3	_4 <u>_X</u> 5
Bi Long Liv (4/2/24)							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		To Be Corrected By		
345	C		Observed Find Labris in Kitchen	handsink		Retra	in stuff
245	NL	•	Observed Find debris in Kitchen Observed rags outside of soutires Observed holk bins lacking common	<i>y</i>		Pulm	n stuff
174	NL		Observed halk line lacking comme	need label		T. J.	
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Received by (name and title printed): Inspected by (name and title printed):							
1 Ex	こる	<i>5</i> 71	& Liv	A.). Ingram (EHS)			
Received by	(signature):	1	Inspected by (signature):		• ,	
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